Case Number:	CM13-0002136		
Date Assigned:	12/27/2013	**Date of Injury:**	07/01/2010
Decision Date:	01/02/2014	**UR Denial Date:**	07/05/2013
Priority:	Standard	**Application Received:**	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 07/01/2010. The patient's diagnosis is cervical disc herniation at C4-5 and C5-6 with a right upper extremity radiculopathy and upper motor neuron signs on physical exam. An MRI of the cervical spine of 05/21/2012 was reported in a radiology report to show no extruded cervical disc herniation and no central or foraminal stenosis. On 07/03/2012, the patient underwent a C5-C6 cervical epidural injection. On 05/26/2012, the treating physician saw the patient in followup with ongoing pain in the neck radiating down into the hand with numbness, tingling, and burning. On exam, the patient had decreased cervical motion with positive Spurling sign. The patient was noted to have weakness in the right biceps and wrist extensors at 3/5 and decreased light touch in the C6 distribution. The patient was felt to have a cervical herniated disc at C4-5 and C5-6, and the treating physician recommended an epidural steroid injection. An initial physician review noted that although the patient reported pain relief at 6 weeks after a first cervical epidural injection, subsequently the patient reported continued pain of 7/10 within a month after the injection, which was the same as previously.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical epidural steroid injections bilaterally at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain...In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% of pain relief with associated reduction of medication use for 6-8 weeks." The guidelines therefore only support cervical epidural injections in very specific situations with a clearly defined clinical benefit. In this case, the medical records have only limited documentation of functional benefit from an initial epidural steroid injection. The medical records do not meet the guidelines for benefit from a past epidural injection to support a repeat injection. The request for cervical epidural steroid injections bilaterally at C5-6 is not medically necessary and appropriate.